

Name
in
Full

CERTIFICATE OF DEATH

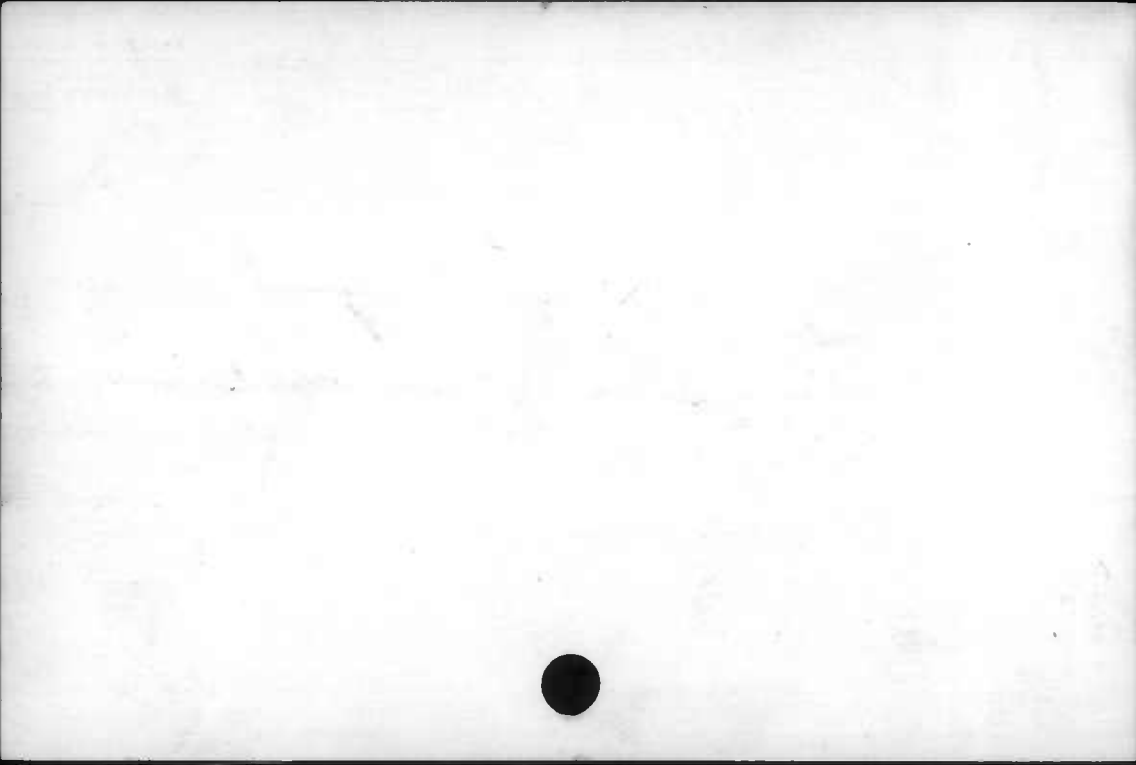
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mitchell M. Austin</i>		Town <i>Not known</i>		County <i>Somerset</i>		State <i>MARYLAND</i>	
Died at <i>Not known</i>		Month <i>Sept</i>		Day <i>9</i>		Years <i>32</i>	
Date of death <i>1909 Sept 9</i>		Month <i>Sept</i>		Day <i>9</i>		Years <i>32</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Somerset Co</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Alice Austin</i>					
Father's Name <i>Isaac M. Austin</i>		Father's Birthplace <i>Somerset Co</i>					
Mother's Maiden Name <i>Lucie Fox</i>		Mother's Birthplace <i>Somerset Co</i>					
Name of person giving Information <i>Schelly Austin</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>120</i> ✓	<i>Unknown</i>
Immediate <i>Uremia</i>	How long <i>24 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. T. Barnes, M.D.</i>	
	Address <i>Bridgeport, Maryland</i>	
Accident or Suicide	<i>A. F. D. No. 2.</i>	



Name
in
Full

Marie H. Ballard.

CERTIFICATE OF DEATH

Town

County

Died at

Weston

Somerset

MARYLAND

Date

of death 1909

Month

Sept

Day

12

Years

Age 49

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Md.

Occupation

Housewife

Where Residing if not
at place of death

—

Married, Single
or Widowed

Married

Name of Wife or
Husband

Geo. H. Ballard

Father's
Name

Unknown

Father's
Birthplace

Md.

Mother's
Maiden Name

Leah —

Mother's
Birthplace

Md.

Name of person giving
Information

Geo. H. Ballard

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Carcinoma of Liver

How long

Several months

Immediate

Asthenia

How long

Progressive

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

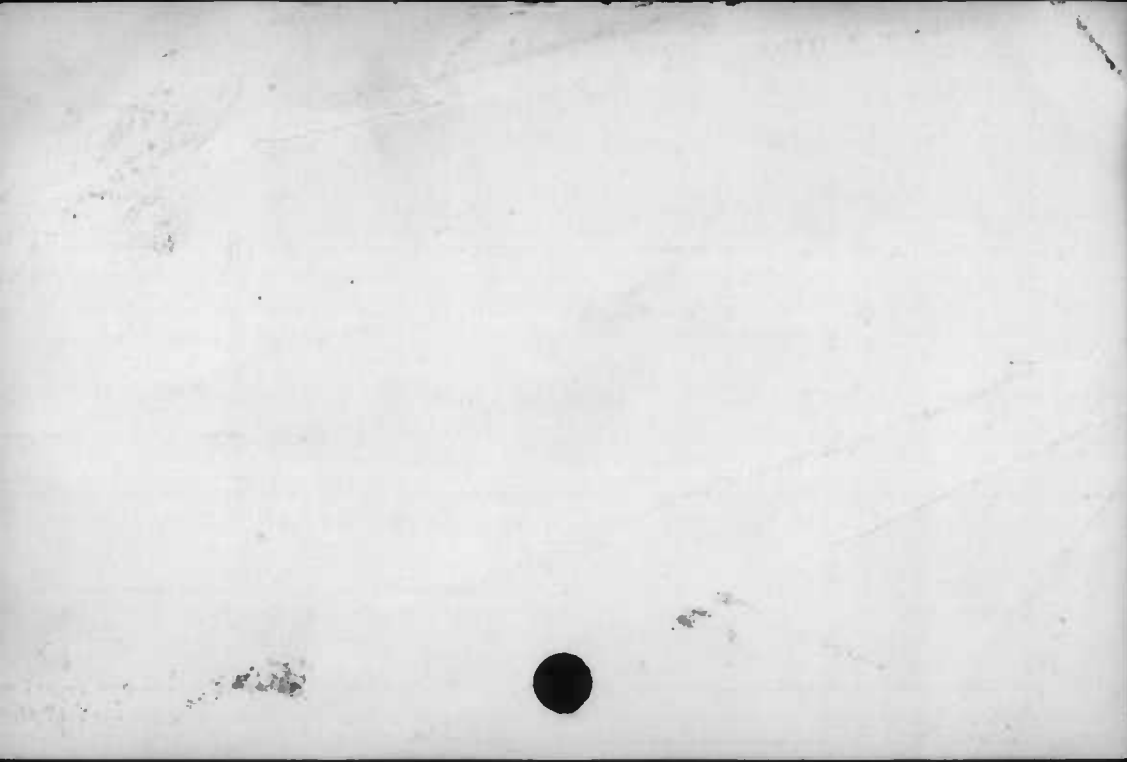
Chas. F. Fitch, M.D.

Address

Princess Anne, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jelfie Brittingham
Died at ^{Town} Upper Fairmount, ^{County} Somerset

MARYLAND

Date of death 1909 ^{Month} Sept ^{Day} 20 ^{Age} 20 ^{Years} 17 ^{Months} 5 ^{Days} 17

Sex Female Color or Race Black Birth-place Upper Fairmount

Occupation None Where Residing if not at place of death at home

Married, Single or Widowed Infant Name of Wife or Husband None

Father's Name W. H. Brittingham Father's Birthplace Worcester Co.

Mother's Maiden Name Maggie Brittingham Mother's Birthplace Fairmount, Ind

Name of person giving Information W. H. Brittingham, Father How related to deceased Father's

CAUSES OF DEATH

104 ✓

Primary Stomach Trouble Sick since birth
How long
Immediate Same
How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Thos. W. Landon
Address Landonville, Ind
Sub. Reg.

PHYSICIAN
OR CORONER

Accident or Suicide neither



Name
in
Full

Elsie Carson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Crisfield Town Somerset County MARYLAND

Date of death 190 9 Month Sept Day 4 Age 24 Years — Months — Days —

Sex Female Color or Race White Birth-place Crisfield

Occupation House wife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Lee Ray Carson

Father's Name George Riggins Father's Birthplace Somerset

Mother's Maiden Name Gemma Hallam Mother's Birthplace Somerset

Name of person giving Information George Riggins How related to deceased Father

CAUSES OF DEATH

130

PHYSICIAN
OR CORONER

Primary Pelvic Abscess How long 4 mos

Immediate Shock following How long 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician G. E. Ballin Address Crisfield

Accident or Suicide —



Name
in
Full

Worner Collier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND


Died at		Town Westover		County Fountain		MARYLAND	
Date of death	1909	Month 9	Day 10	Age	Years	Months 7	Days 14
Sex	male		Color or Race	Black		Birth- place	ind
Occupation	✓			Where Residing if not at place of death		✓	
Married, Single or Widowed	Single		Name of Wife or Husband	✓			
Father's Name	✓ Daniel Collier				Father's Birthplace	ind	
Mother's Maiden Name	Lucinda B. Brown				Mother's Birthplace	ind	
Name of person giving Information	Louie Collier				How related to deceased	Sister	

CAUSES OF DEATH

63

✓

PHYSICIAN
OR CORONER

Primary	Pneumonia		How long	one week
Immediate	Asthma		How long	" day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Dr. Fisher Address Fountain Ave ind.		
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jamie Cullin* Town *Lawsonia* County *Somerset* MARYLAND

Died at *Lawsonia* Date of death *1909* Month *Sept.* Day *9* Age *one* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Lawsonia*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *George T. Cullin* Father's Birthplace *Lawsonia*

Mother's Maiden Name *Josie Love* Mother's Birthplace *"*

Name of person giving Information *Jas. T. Cullin* How related to deceased *Uncle.*

CAUSES OF DEATH

105 ✓

Primary *Bronchitis* How long *6 mos.*

Immediate *Sho Colitis*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

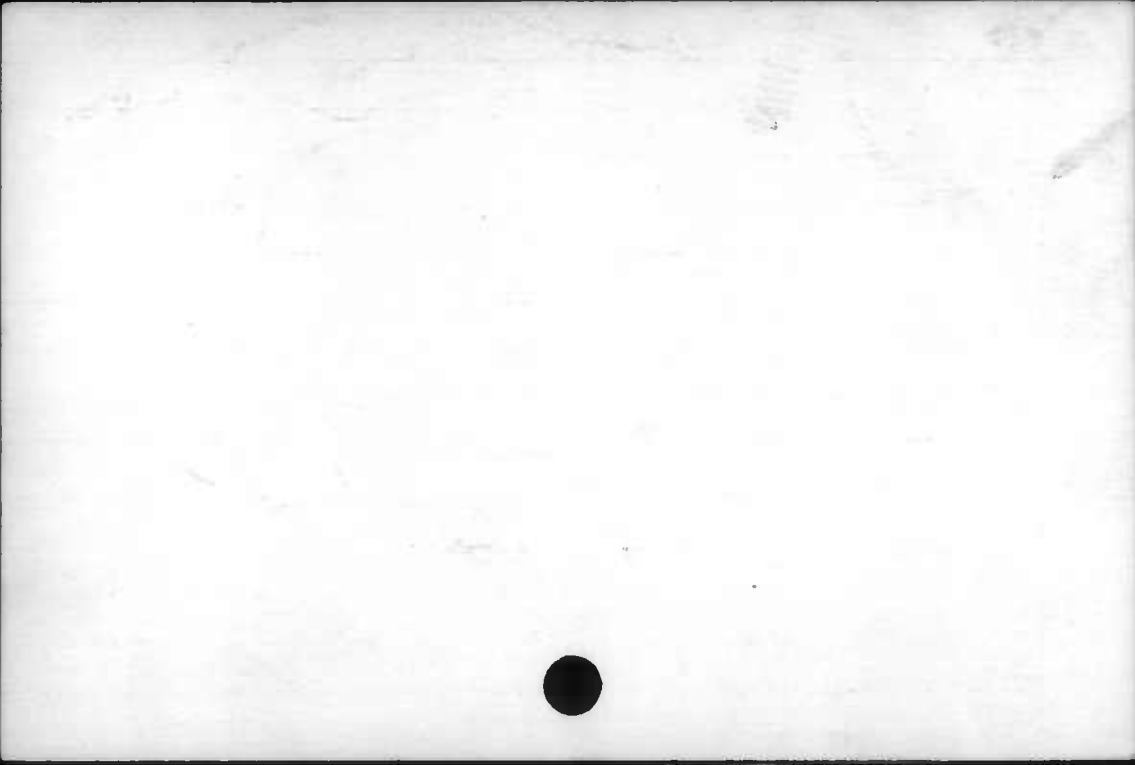
Address

Accident or Suicide

Neither

J. J. Jones
Crisfield
md

PHYSICIAN
OR CORONER



Name
in
Full

Edith Green

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Princess Anne

Dorchester

Date

of death 1909

Month

Sept

Day

3

Years

Age 2

Months

—

Days

—

Sex

Female

Color or
Race

White

Birth-
place

Med

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Hamphden D Green

Father's
Birthplace

Med

Mother's
Maiden Name

Karney Pope

Mother's
Birthplace

Med

Name of person giving
In formation

Ben Pope

How related
to deceased

Son-in-law

CAUSES OF DEATH

9

✓

Primary

Septicemia

How long

2 1/2 days

Immediate

Septicemia

How long

Progressive

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Charles F. ...

Address

Princess Anne, Md

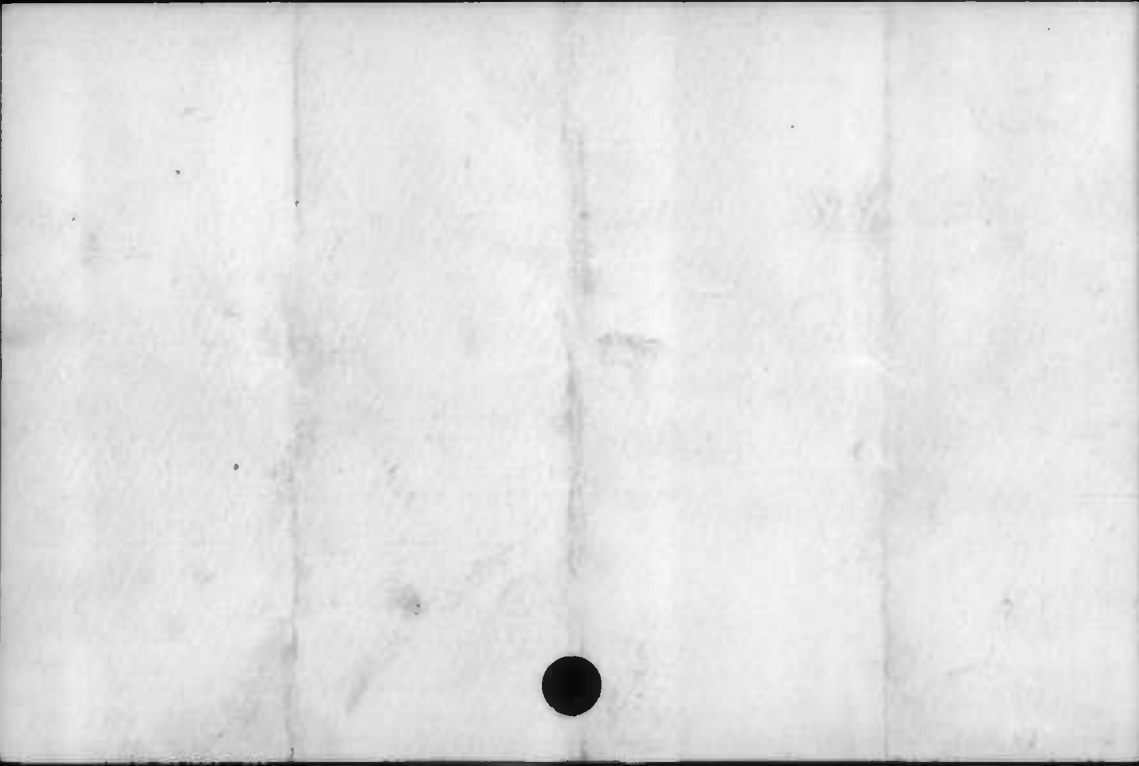
Accident or Suicide?

9



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Susan Hall* Town *Nt Union* County *Somerset* MARYLAND

Died at *Nt Union*

Date of death *1909 Sept 24* Age *65* Months Days

Sex *Female* Color or Race *Colored* Birth-place *Somerset Co.*

Occupation *Housework* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *William Hall*

Father's Name *Unknown (Slav)* Father's Birthplace *Unknown*

Mother's Maiden Name *Nellie Anderson* Mother's Birthplace *Unknown*

Name of person giving Information *Bessie Barclay* How related to decedent *Son in law*

CAUSES OF DEATH

Primary *Chronic Nephritis* How long *120* 2 years

Immediate *Heart Failure* How long *—*

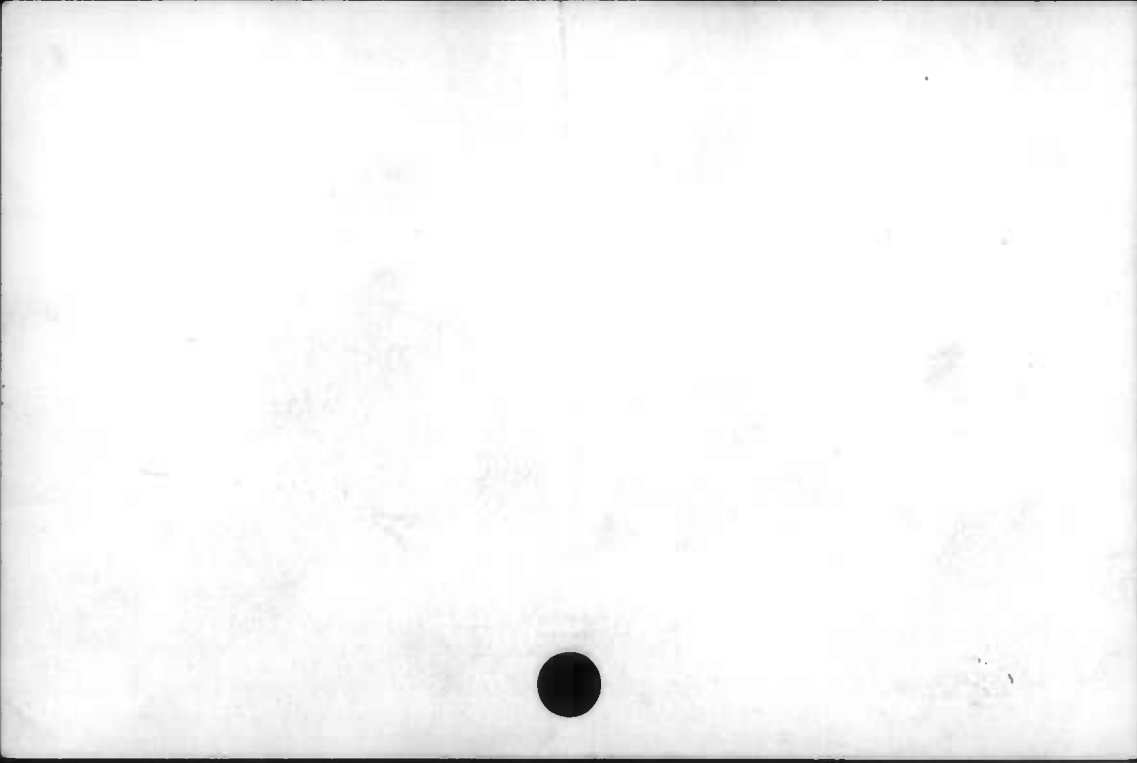
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. A. Barnes M.D.*

Address *Princess Anne Md*

P. F. D. No. 2,

Accident or Suicida

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

Sex

Occupation

Married, Single
or Widowed

Father's
Name

Mother's
Maiden Name

Name of person giving
Information

Town

County

Month

Day

Years

Months

Days

Age

Color or
Race

Birth-
place

Where Residing if not
at place of death

Name of Wife or
Husband

Father's
Birthplace

Mother's
Birthplace

How related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

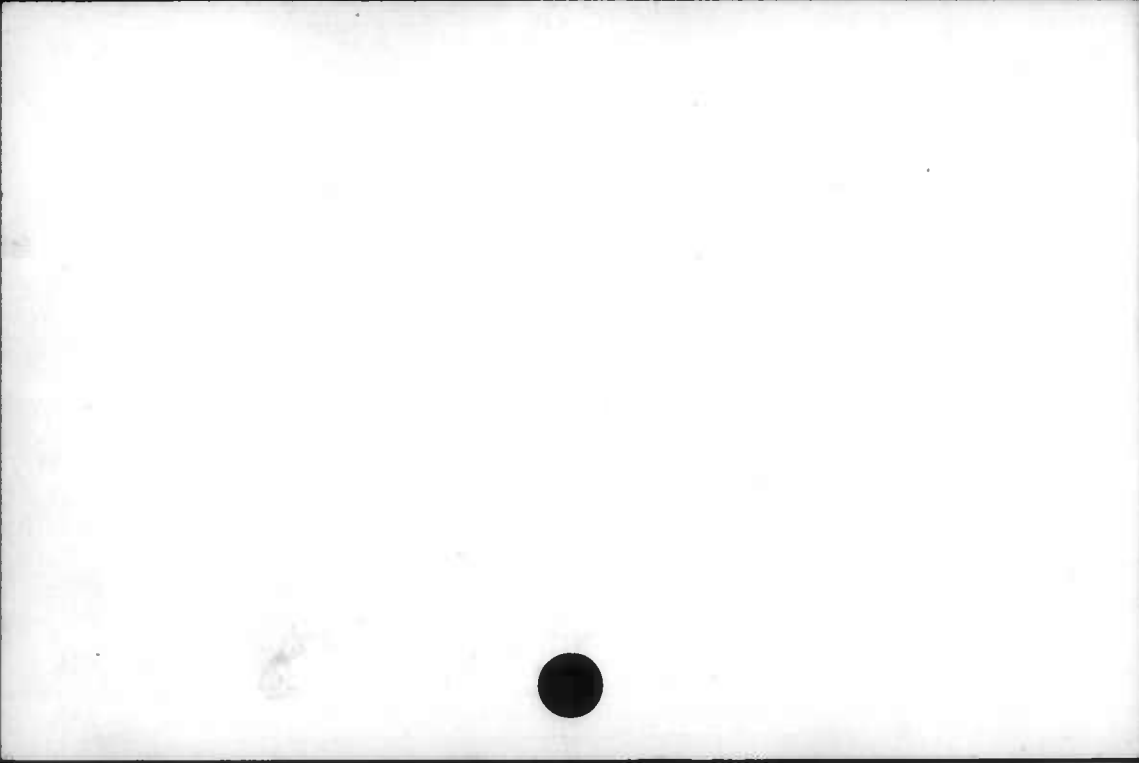
Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elnafrile A. Johnson
Towson County
Died at Mt. Vernon Somerset
Date of death 1909 Sept 24 Age 77
Sex Female Color or Race White Birth-place Somerset Co.
Occupation Housework Where Residing if not at place of death
Married, Single or Widowed Widowed Name of Wife or Husband William Johnson
Father's Name Charles Marsh Father's Birthplace Unknown
Mother's Maiden Name Charity Gibbs Mother's Birthplace Unknown
Name of person giving Information Jacob Newton How related to deceased Son in Law
CAUSES OF DEATH
Primary Apoplexy How long 64
Immediate Yes How long 30 hours
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician H. H. Barnes M.D.
Address Princess Anne Md
A. J. D. No. 2.
Accident or Suicide



Name
in
Full

Oliver Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County	
Date of death		Month	Day	Years	Months
1909		Sept	21	Age	3 2 1/2
Sex		Color or Race		Birth-place	
Male		Caucasian		Som. G.	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		
Asbury Jones			Father		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	How long
Cholera	1 year
Immediate	How long
Asphyxia	1 year
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Address
9	Address
	Address
Accident or Suicide?	



Name
in
Full

William F. Hankford

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Prince Georges

Somerset

Date

of death 1909

Month

9

Day

8

Years

Age 47

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Somerset Co.

Occupation

Farmer & Postmaster

Where Residing if not
at place of death

Somerset Co. Md

Married, Single
or Widowed

Married

Name of Wife or
Husband

Emma Hargis

Father's
Name

Benj F. Hankford

Father's
Birthplace

Somerset Co.

Mother's
Maiden Name

Amanda Porter

Mother's
Birthplace

Somerset Co

Name of person giving
Information

Chas. W. Wainwright

How related
to deceased

Not at all

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Brain Pressure

Immediate

Convulsions

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Chas. W. Wainwright

Prince Georges

Md.

8 years

How long

70

8 years

How long

2 days

Accepted



Name
in
Full

Frank Long Bailey

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Princess Anne

Somerset

Date

Month

Day

Years

Months

Days

of death 1909 Sept.

24

Age At birth

Sex

male

Color or
Race

white

Birth-
place

Princess Anne

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Frank Long

Father's
Birthplace

Somerset Co

Mother's
Maiden Name

Mary P. Wilson

Mother's
Birthplace

Somerset Co

Name of person giving
In formation

Frank Long

How related
to deceased

Father

CAUSES OF DEATH

Primary

Steele Born Chud

How long

2

✓

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

M. W. Galobrony &

Address

Princess Anne

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

Isaac Francis Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Princess Anne</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death	1909	Month	Sept	Day	19
Age		Years	—	Months	2 1/2
Sex	male	Color or Race	white	Birth-place	md.
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Isaac H Matthews</i>		Father's Birthplace	
Mother's Maiden Name		<i>Sallie C Pollitt</i>		Mother's Birthplace	
Name of person giving information		<i>I. H. Matthews</i>		How related to deceased	
				<i>father</i>	

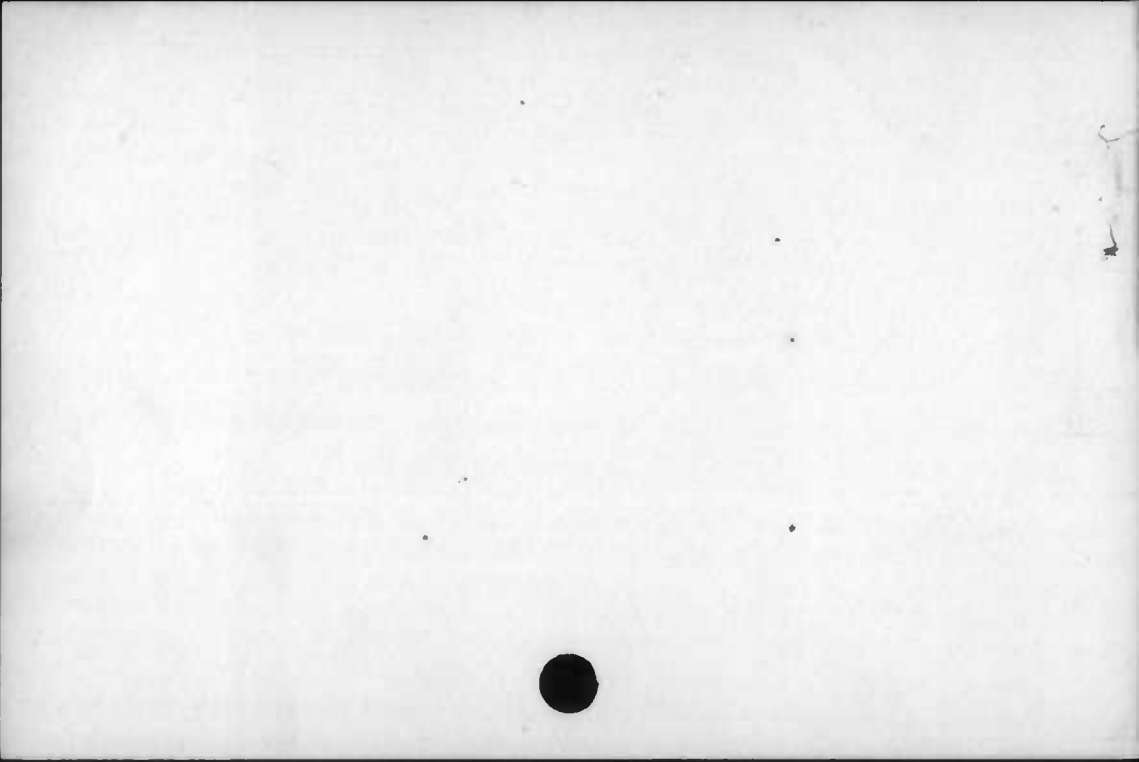
CAUSES OF DEATH

93

✓

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>5 wks.</i>
Immediate	<i>Asthenia</i>	How long	<i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Chas. T. Fisher, M.D.</i>	
		Address	
		<i>Chas. T. Fisher, M.D.</i>	
		<i>Princess Anne, Md.</i>	
Accident or Suicide?			



Name
in
Full

Lena Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Crisfield* ^{County} *Somerset* **MARYLAND**

Date of death 190 ^{Month} *9* ^{Day} *Sept 27* ^{Years} *23* ^{Months} *1* ^{Days} *7*

Sex *Female* Color of Race *Black* Birth-place *md*

Occupation *Housework* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *Thomas Mills*

Father's Name *Samuel Mills* Father's Birthplace *md*

Mother's Maiden Name *Rosa Horsey* Mother's Birthplace *md*

Name of person giving Information *Rosa Mills* How related to deceased *mother*

CAUSES OF DEATH

Primary *Child birth* **(140)** ☒ *✓*

How long *12 hours*

Immediate *Exhaustion* How long *—*

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

9

yes

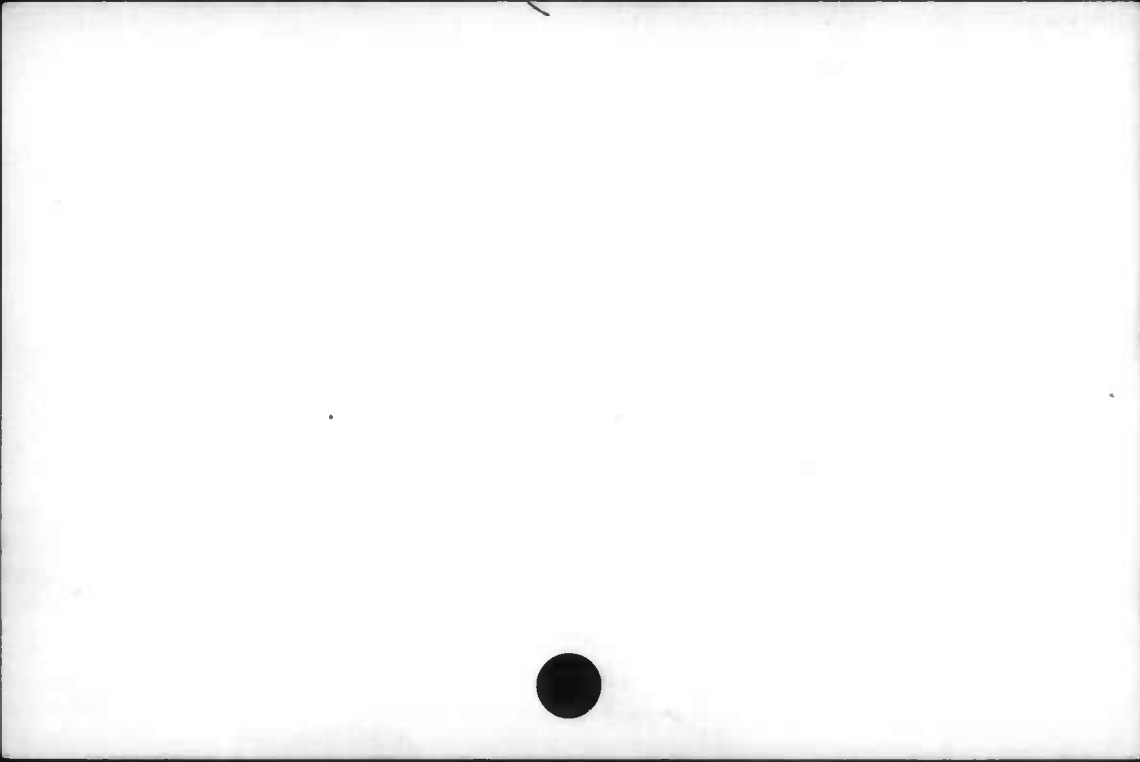
Signature of Physician



Address

W. F. Hall
Crisfield Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Mariah Parker

Town

Crisfield

County

Somerset

MARYLAND

Date

of death

1909 Sep

Month

Day

24

Age

Years

77

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Crisfield

Occupation

Home work

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Jacob George E

Father's
Name

Lewis Parker

Father's
Birthplace

Doubt know

Mother's
Maiden Name

Rachel Stetings

Mother's
Birthplace

Doubt know

Name of person giving
Information

Annanda Miller

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Senility

How long

119 ✓

Immediate

Acute nephritis

How long

5 weeks

Are the name, age, sex, color, date
and place correctly given above?

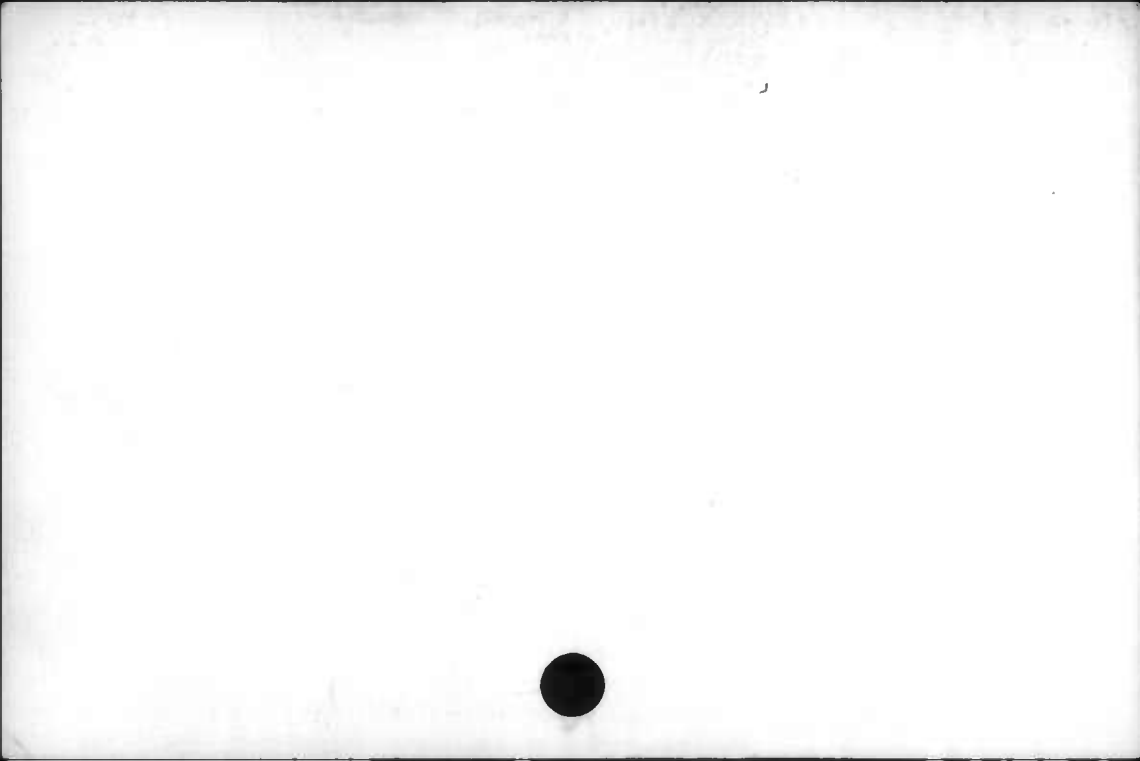
yes

Signature of
Physician

Address

C. E. Gallin
CrisfieldPHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Mary W. Parks.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

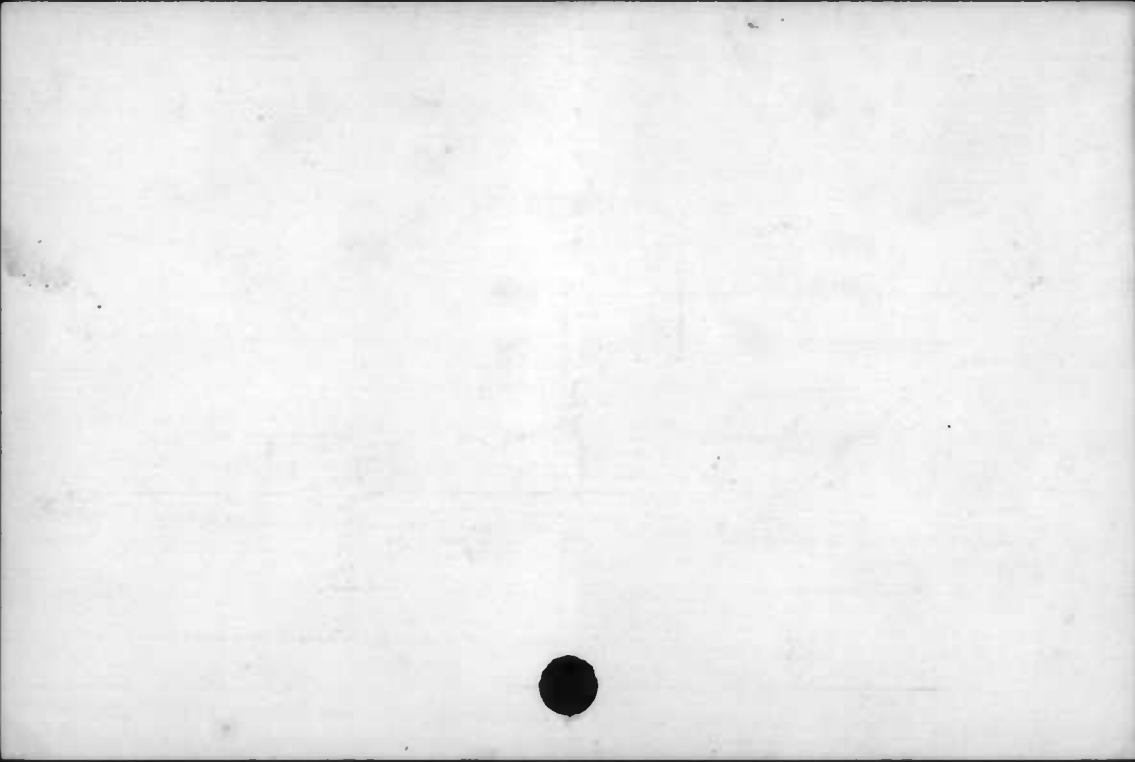
Died at		Town Fairmount		County Somerset		MARYLAND	
Date of death		Month Sept.	Day 13	Years 72	Months No		Days No
Sex Female	Color or Race White		Birth-place Somerset				
Occupation House Wife		Where Residing if not at place of death at home					
Married, Single or Widowed Married	Name of Wife or Husband Mary W. Parks.						
Father's Name Solomon Parks.		Father's Birthplace Somerset.					
Mother's Maiden Name Mary Parks.		Mother's Birthplace "					
Name of person giving information Wm. C. Parks		How related to deceased Husband					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Complication of disease	How long 12 months
Immediate	General debility	How long 2 or 3 months
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. S. Miles
		Address Upper Fairmount Somerset Co. Md
Accident or Suicide? —		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Oliver Ashtown Sayre

Town

County

Marlboro City Somerset

MARYLAND

Date

of death

1909

Month

Sept

Day

30

Age

Years

Months

15th

Days

Sex

Male

Color or
Race

white

Birth-
place

Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John S. Sayre

Father's
Birthplace

Md.

Mother's
Maiden Name

Fernie B. Johnson

Mother's
Birthplace

Md.

Name of person giving
Information

Fernie B. Sayre

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Typhoid

How long

5 days

Immediate

Septicemia

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

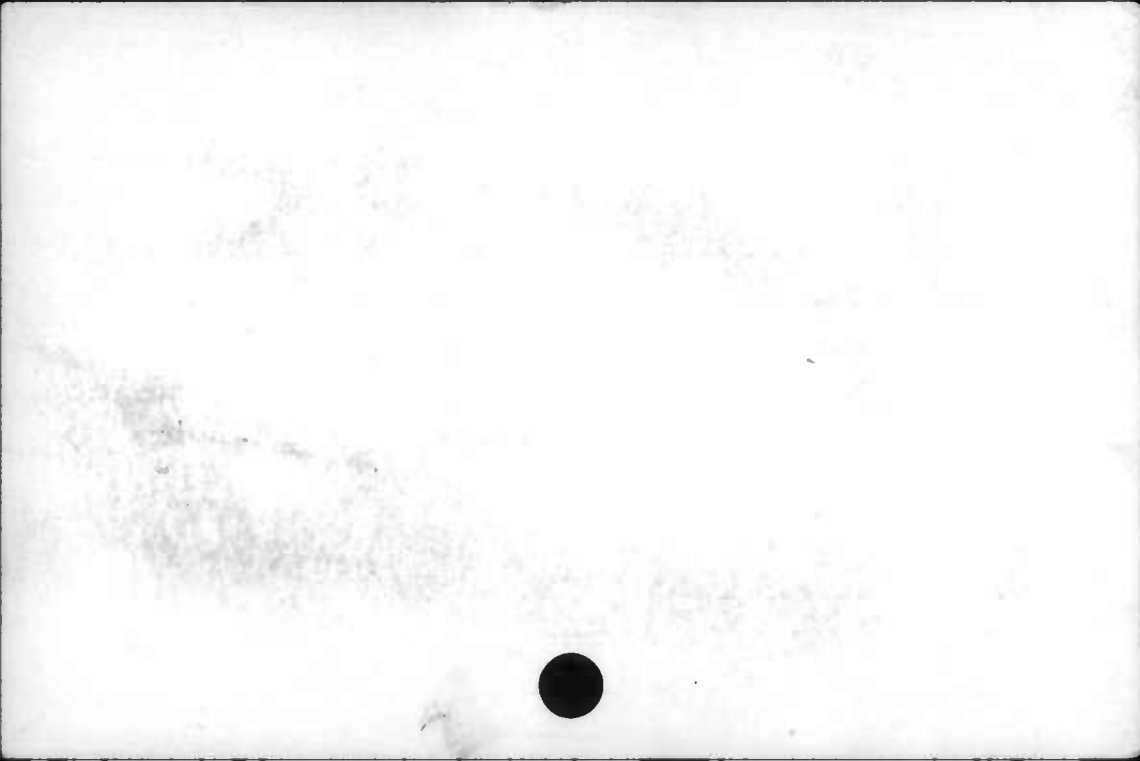
Signature of
Physician

Address

*J. M. Wilson
Somerset
Marlboro City*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Emma C Shores

CERTIFICATE OF DEATH

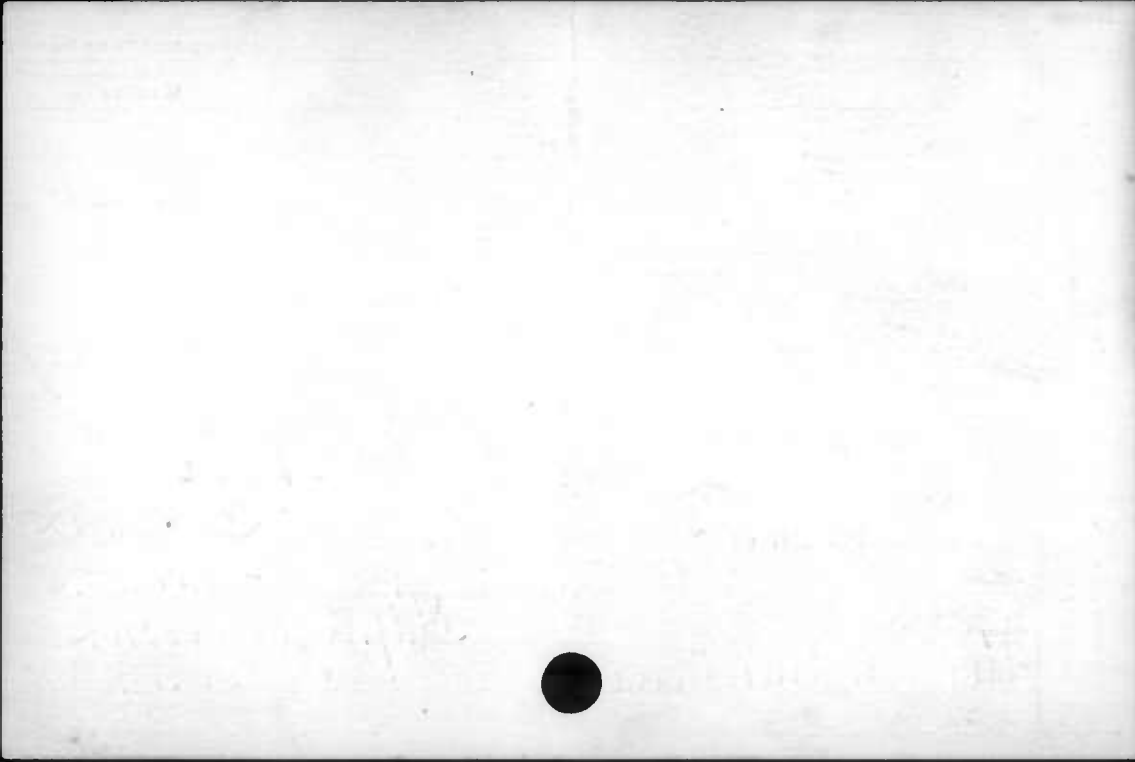
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wenona</u>		Town		County		SOMERSET CO		MARYLAND	
Date of death	1909	Month	9	Day	27	Age	38	Months	Days
Sex	female	Color or Race	white	Birthplace	Wenona Md				
Occupation	house wife	Where Residing if not at place of death		Somerset Co Md					
Married, Single or Widowed	married	Name of Wife or Husband		Barney G Shores					
Father's Name	Eurus W. Curtis			Father's Birthplace		Deals Island			
Mother's Maiden Name	Adeline Gibson			Mother's Birthplace		unknown			
Name of person giving Information				Barney G Shores		How related to deceased		husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	3 years
Immediate	Asthma	How long	4 months
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
Filed by undertaker		Address	
Accident or Suicide		Somerset Co Md	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary A. Sterling

Died at *Head Crisfield* Town *Somerset* County **MARYLAND**

Date of death 190 *9* Month *Sept* Day *15* Age *87* Years Months Days

Sex *female* Color or Race *Black* Birth-place *Ind*

Occupation *Housework* Where Residing if not at place of death *-*

~~Married~~ Single ~~Widowed~~ Name ~~Wife~~ or Husband *Severn Sterling*

Father's Name *Don't know* Father's Birthplace *Unknown*

Mother's Maiden Name *Don't know* Mother's Birthplace *Unknown*

Name of person giving Information *Geo. W. Sterling* How related to deceased *Son*

CAUSES OF DEATH

Primary

old Age

How long

154

✓

How long

one year

Immediate

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address

None

S. H. E. ...

Sub Registrar

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

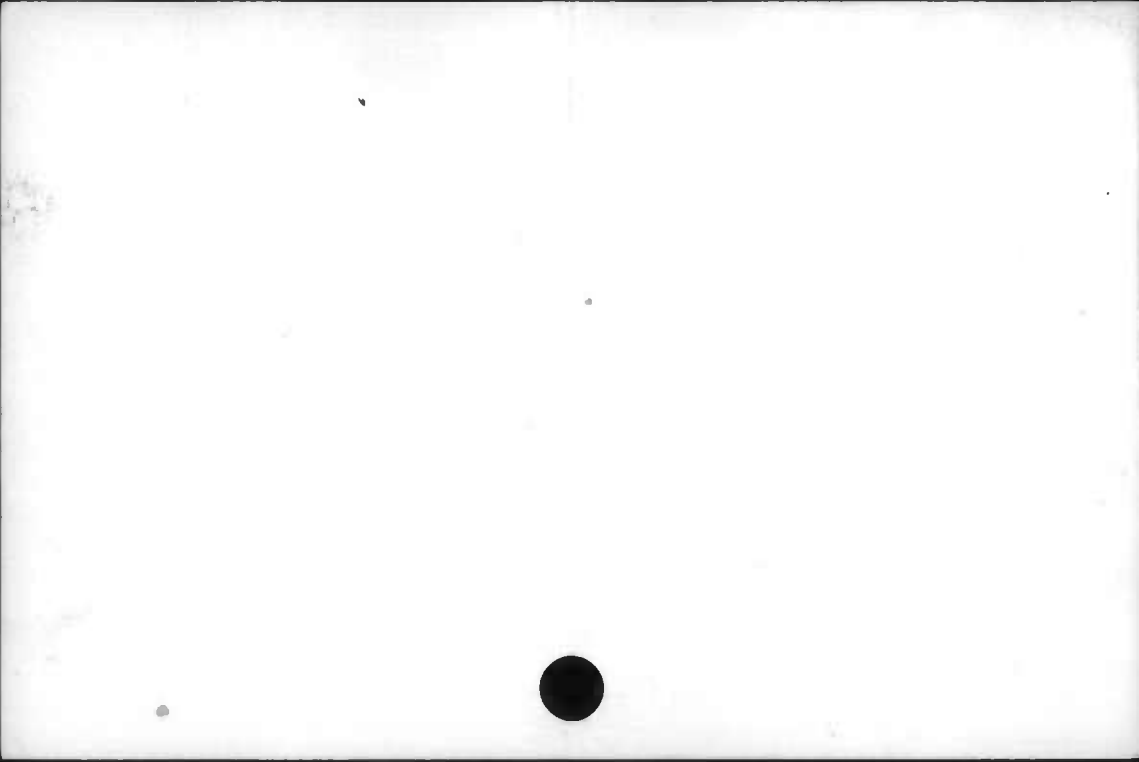
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Sept	26 th	Age	33		
Sex	Male	Color or Race	White	Birth-place	Maryland,		
Occupation	Waterman			Where Residing if not at place of death	Deal Island, Md.		
Married, Single or Widowed	Married		Name of Wife or Husband	Rosa Fields			
Father's Name	Horatio Webster			Father's Birthplace	Maryland,		
Mother's Maiden Name	Creonna Jones			Mother's Birthplace	Maryland		
Name of person giving Information	Rosa Webster			How related to deceased	Wife		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	2 years ✓
Immediate	Asthma	How long	2 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. P. Alexander
Filed by Undertaker		Address	Somerset Co
Accident or Suicide			

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Name
in
Full

Hansen Lee Wooster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

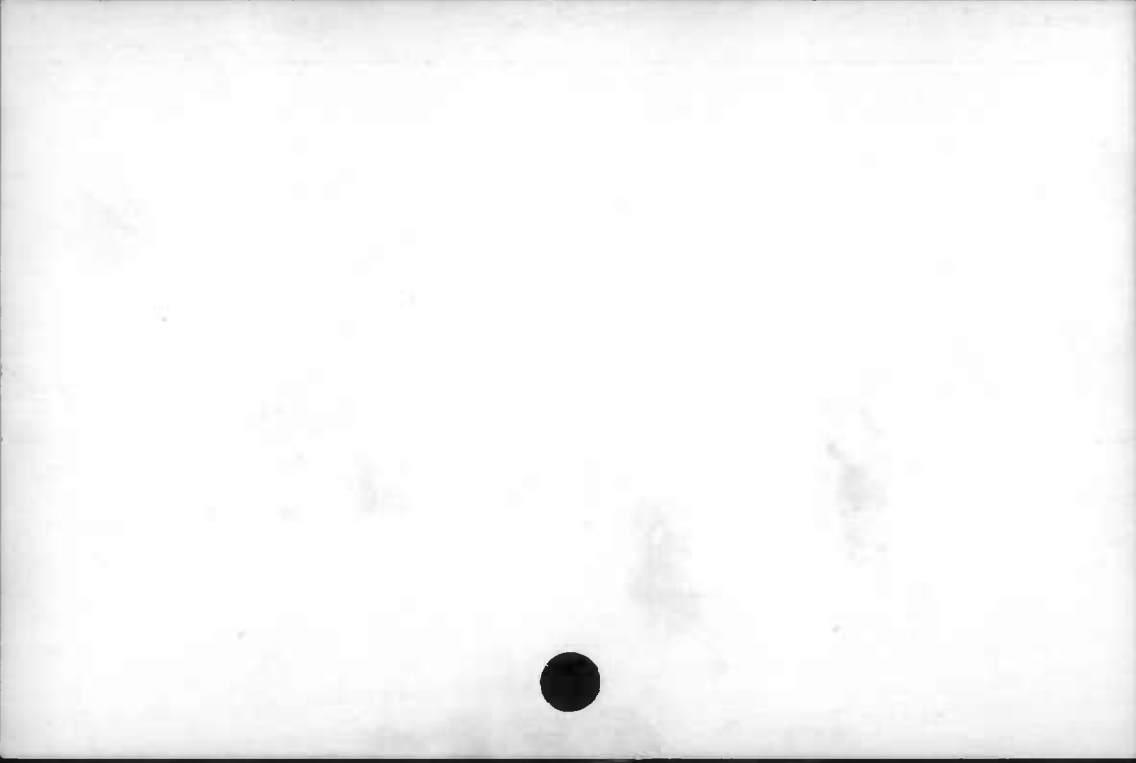
Died at ^{Town} Westover		^{County} Somerset		MARYLAND	
Date of death	1909	Month	Sept	Day	1
Age		Years		Months	6
Sex	Male	Color or Race	White	Birth-place	Somerset Co
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Hansen M Wooster			Father's Birthplace	Westover
Mother's Maiden Name	Suna M. Wooster			Mother's Birthplace	Westover
Name of person giving Information	H. M. Wooster			How related to deceased	Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary		How long	
Immediate	Cholera Infantum	How long	Unknown
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		D. J. O. Threlkeld Pocomoke City	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>John A. J. Young</i>		Town <i>Wt. Virginia</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>Sept</i>		Day <i>16</i>		Age <i>79</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Moreester Co.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rosa Younger</i>					
Father's Name <i>Nicholas Young</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Charles Young</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General debility & old age</i>	How long <i>154</i>	<i>✓</i>
Immediate		How long <i>1</i>	<i>month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. A. Barnes</i>	
		Address <i>Princess Anne Md</i>	
Accident or Suicide		<i>A. V. D. No. 2.</i>	

